



ARCUS Project IBARAKI 2022  
**ARCUS Research**  
**APPLICATION FORM**

FIRST NAME, LAST NAME	FOR APPLYING AS A GROUP, LIST ALL MEMBERS' NAMES	
NATIONALITY (as appears on passport)	DATE OF BIRTH (yyyy/mm/dd)	
ADDRESS (Street, City, State, Postal, Country)	EMAIL	
BILLING ADDRESS (if it is same as above, indicate as "same")	PHONE (country code, area code, number)	
WEBSITE or SNS handle name (optional)	GENDER (optional)	
OCCUPATION	AFFILIATED ORGANIZATION(S)	
SUPPORTING ORGANIZATION / FUNDING INSTITUTION if applicable	FUNDING AND GRANT STATUS Please specify the status of your funding/grant application including dates of results if you are applying	
RESIDENCY PERIOD (check either one month or two months residency)		
<input type="checkbox"/> ONE MONTH RESIDENCY	<input type="checkbox"/> TWO MONTHS RESIDENCY	
For one month residency, please indicate your preferred period as "1" or "2" in parentheses.		
(     )     June 10 Fri. – July 9 Sat.	June 10 Fri. – August 10 Wed.	
(     )     July 12 Tue. – August 10 Wed.		

ENGLISH PROFICIENCY	JAPANESE PROFICIENCY
Native • Fluent • Conversational • Basic • None	Native • Fluent • Conversational • Basic • None

**ADDITIONAL SUPPORT (available with a fee / select ones that you would like to ask)**

Interpretation (research / interview / event)     Translation (English / Japanese)  
 Studio Visit  
 Coordination& attend for research, interview, etc.  
 Other supports specify: \_\_\_\_\_

**HOW DID YOU HEAR OF ARCUS RESEARCH PROGRAM? (check all that apply)**

ARCUS Project website /Facebook/Twitter     E-Newsletter from ARCUS  
 Applied to ARCUS AIR before \_\_\_\_\_ year(s) you applied:  
 Other websites/sources \_\_\_\_\_  
 From a friend/acquaintance/past participant     From an organization/school

**TWO REFERENCES (short-listed candidates may be asked to provide a letter from one of their references)**

REFERENCE 1	REFERENCE 2
<input type="checkbox"/> Name  <input type="checkbox"/> Title  <input type="checkbox"/> Institution (if any)  <input type="checkbox"/> Email	<input type="checkbox"/> Name  <input type="checkbox"/> Title  <input type="checkbox"/> Institution (if any)  <input type="checkbox"/> Email